Urban District of Horncastle

ANNUAL REPORT

of the

Medical Officer of Health

1972

HORNCASTLE URBAN DISTRICT COUNCIL

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PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health

S.A. O'HAGAN, M.B., B.S., D.P.H.

6, Conging Street, Horncastle.
Tel : Horncastle 2208/9.

Public Health Inspector

H. SMITH, A.R.S.H., M.A.P.H.I.

The Medical Officer is also Medical Officer for Woodhall Spa Urban District Council, Horncastle and Welton Rural District Councils.

The Public Health Inspector is also Surveyor, Housing, Allotments and Markets Manager.

There is a Public Health Committee which deals with all matters affecting Public Health, other than Housing.

Members of the Committee :-

Mrs. M.E. Bell
G.A.J. Burton
Mrs. D.M. Cook
J.W. Simpson
F. Cupit
Mrs. M.Townley

To The Chairman and Members of
Horncastle Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

This year, rather sadly, sees the last annual report of the Medical Officer of Health. There is no provision in the New Local Government for Medical Officers of Health. There will be, at area (County) level a Community Physician and, presumably, two Community Physicians at District level, (the Health District bears no relation to the new Local Government Districts) so that it seems there will be no doctor left with any local knowledge of people and their problems. However, that seems to be how the public wish it, or at least, how their wishes are centrally interpreted. Virtually all the functions of the District Medical Officer of Health will be assumed by the Director of Environmental Services who, in a District of generally rural nature is likely to be an engineer or Surveyor. The City of Kingston upon Hull, however, has nominated their Medical Officer of Health, who will become a senior Community Physician as well as Director of Environmental services, thus preserving the overall health responsibility in medical hands.

In the reorganisation of local Government services and structure difficulties arise greatly from the differing needs of the community as a whole for different services - obviously groups of family doctors and nurses must be scattered pretty thickly on the ground because they are needed often and quickly, but the special skills of the Community physician will only be apparent when applied to much greater populations, and in smaller units of population they will weary with dis-use. Much of the advice given to local authorities by Medical Officer's of Health can and probably will be given by the Director of Social Services and his staff, as regards special personal needs. Such matters as pollution of the environment are the proper purview of the Public Health Inspector, but the assessment of hazard to the population may require some medical expertise. Infectious disease is now at such a low ebb that suspician is lacking and this was high-lighted by the failure to take proper precautions in what, in retrospect, was an obvious smallpox suspect in London. No blame can attach to the Medical Officer of Health for the area, since hospitals are Crown property and outside of the authority of the Medical Officer of Health. This situation may be improved by the unification of the National Health Service but even then, unless a stringent reappraisal of admission procedure is accepted, there could be repetitions. The steady trickle of typhoid and paratyphoid disease into the country is controlled by their relatively slow evolution and limited routes of infection. Very few doctors in this country have ever seen a case of smallpox and although there is a panel of smallpox consultants they can do nothing unless the first doctor who sees the suspect is suspicious and starts precautions immediately - they can always be relaxed promptly in the event of a false alarm.

Ports and airports are accepted as danger spots and their staff are probably adequately alert to imported disease. However, container traffic is not necessarily examined at the port of entry and it is necessary for the staff of the area where the container is opened to be aware of potential hazards and to have and use the methods of detecting potential risk. These unloading points are essentially wholesale premises, so that Horncastle is unlikely to be directly concerned.

It could be that the "green channel" at ports and airports, where nothing is declared to Customs and, consequently, dangerous materials from drugs to anthrax in furs may escape recognition. The rarity of reporting may be due to effectiveness of the system, or equally, failure to recognise the source. The general tightening of Custom's Control with spot checks, together with education of the public may go some way to stop these illegal entries. Nevertheless, the infected person returning from holiday is the biggest potential threat in this part of the country, even though only a minute proportion of our locals travel outside Europe - which, generally, has the same diseases as ourselves - an appreciable number of people are going further afield and need protection before, during and after their trips. In general, sound advice is given by the travel firms who tend to err on the over-cautious side.

Both medical and social research are now devoting more energy to the crippling rather than killing conditions. Few of us are likely to end our days without some degree of arthritis or rheumatism but for some it is much more than an occasional nuisance and may involve a major change in their way of life. There are of course, other grossly handicapping conditions and the Council have plans for a limited provision of homes for the handicapped, so that they can live with their families in as much independence as their condition allows. The future may be expected to produce more of this sort of development.

For the first time for many years the number of deaths in Horncastle has exceeded the births. This is part of a national trend which shows an 8% drop in births from the preceding years, whilst members will know from the usually above average mean age at death, that we have a substantial number of people who are well past their three score years and ten and who may, therefore be expected to increase further the number of deaths. This will tend, eventually, to a better balanced society in which a greater proportion of the town's children will remain to work in Horncastle.
Interesting developments are occurring in the field of atherosclerosis and obesity. There will be no instant cure, but scientific backing is forthcoming for the hunch that the daily toil and relatively unrefined foods of former times kept the blood circulating freely and also increased the excretion of bile-salts, thus draining away the cholesterol from the blood. It would take a major revolution to change the popular use of the motor car and television from their premier place in family life, but some food manufacturers are having some success with promoting the sale of margarine containing a worth-while amount of unsaturated fatty acids.

Bulk-producing roughage in the diet to promote cleansing and excretion of bile salts should be the next motif for food advertising, but cabbage, excellent as it is for this purpose, hardly inspires a T.V. jingle.

I have alluded to the shortage of dental care and it should be better known that teeth which are properly placed in the jaws are much less liable to disease than where they overlap. The European jaw is incapable, as a general rule, of accommodating the full quota of 32 teeth without overcrowding and in many cases better overall results come from removing healthy but overcrowding teeth and thus preventing disease in the remainder. The town still awaits the benefit to be derived from fluoride and will continue to lack it in the foreseeable future. Recently a conference on alternatives to fluoride took place and, whilst education in dental health, and possibly fissure sealents may have their place, it was generally agreed that there was no real alternative to fluoride and that the alternatives to incorporating it in water - fluoridized milk, tablets or toothpastes - would not have the overall protective effect of bringing the fluoride level of our water to the sort of level natural to the Mumby Bore, and many other sources. The anti-fluoridation lobby is losing impetus, largely as a result of their continued inability to show ill effects where the water has always contained the proportion of fluoride naturally, yet the Water Boards insistence on complete unanimity on this matter - whilst at the same time ignoring the unanimity principle upon softening water looks rather like parsimony masquerading as democracy.

The issue of the Relief road now seems settled in all but timing and it is necessary to think of its impact on the people of the town. Certainly the "old town" will be relieved of much of the heavy traffic passing through, and rear-delivery access to shops is being pursued, so that the High Street/Market Place area will become a peaceful shopping precinct. However a problem is posed in the siting of a multi-purpose day centre. The majority using it will be aged and infirm and whether thay have the benefit of living in purpose-built homes like Bryant Close or are scattered throughout the town, they need easy access to the centre. The relief road will be a relief to through-drivers but we must find ways to overcome the obstacle it will present to elderly pedestrians. I doubt if traffic lights are an adequate solution for pedestrians, whilst foot-bridges are a serious obstacle to the elderly. Probably as has been mooted before a bus is needed between the residential area of Boston and Mareham Roads and a choice would have to be made upon whether it was run wholly by Social Services, as is done in some areas, with special buses to take wheel-chairs via a lift, in some cases, or whether some of the cost could be off-set by having a subsidized public service. That it would need a heavy subsidy, there is no doubt, but it could be less than the cost of a vehicle serving only one purpose. A pure social-service vehicle would, presumably, not stand idle most of its life, but could be used to take parties on outings to help mitigate the boredom and loneliness associated with old age.

We welcomed the start of work on the new Gymphlex factory on Boston road and now have a modern factory that is a considerable credit to the town and itself constitutes a really aesthetic advert "come to Horncastle !"
We welcome, too, the start on the new infants school and the boarding wing of St. Lawrence's special school. The latter is of only indirect value to Horncastle itself, since the object is to increase the catchment area of the school to include areas too remote for daily travelling but where 5 day residence and week-ends at home form a desirable choice. Educationally subnormal children - i.e. children who fail to make normal progress in ordinary schools often suffer from multiple handicaps - ranging from deafness - especially partial or intermittent, defective vision, epilepsy, and personality disorders. Frequently poverty of home resources play a serious part in delaying a childs readiness for ordinary schooling. It is in this field - the 5 - 8 year old children who are not mature enough to benefit fully from mixing with their chronological years, and in the field of the severly afflicted, that we find most difficulty. It is ordinarily hoped that a child will be clean and dry by the time he attends school, although we do know that accidents happen in the best of families, but the child unable to express himself, or feed himself, or control his bowels or bladder, is an immense burden on parents or whoever undertakes his care. Such children are intended to be eligible for Special Care Units, usually within schools for the seriously subnormal, but the cases are so few that it is only in large centres of population that ad-hoc premises can be provided. A few such cases are accepted at Spilsby Secondary School.

Housing in the town this year has consisted entirely of private building and up-dating old property by grant-aid. This has materially improved the environment with a minimal loss of agricultural land. Improvement of flats over shops to an acceptable standard is notoriously difficult, since yard or garden space is generally lacking. The laundrette helps with the washing but the lack of playing space for children and direct access to what is at present an heavily trafficked area is an undue worry to parents. Indeed such safety as does exist, rests on the slowing of traffic by narrow streets and tight corners.

When Local Government is reorganised, it is to be hoped that the new District will accept that Horncastle is in many ways well equipped for development compared with other Urban areas.

May I, on this final occasion, thank all Councillors past and present, and the officers and staff who, over the past twenty years have helped so much in my work.

I remain,
Your obedient Servant,

Medical Officer of Health.

STATISTICAL SECTION

AREA OF URBAN DISTRICT :	1421 acres
REGISTRAR GENERAL'S ESTIMATE OF MID-YEAR POPULATION :	4130
DENSITY OF POPULATION PER ACRE :	2. 81
NUMBER OF INHABITED HOUSES :	1588
DENSITY OF POPULATION PER HOUSEHOLD :	2. 51

VITAL STATISTICS

BIRTHS

Live Births	1970	1971	1972
Males	30	36	19
Females	30	30	32
	60	66	51

Live birth rate per 1000 population	12.3 (E & W 14.8)
Ratio of locally adjusted births rate to National Rate	0.96
Illegitimate live births per cent of total live births	14% (E & W 9%)

Still Births	1970	1971	1972
Males	0	1	1
Females	0	0	0
	0	1	1

Number per 1000 total live and still births	19 (E & W 12)

Infant Deaths (i.e. under 1 year of age)

Total Infant Deaths per 1000 total live births	20 (E & W 17)
Legitimate Infant Deaths per 1000 legitimate total live births	Nil
Illegitimate Infant Deaths per 1000 illegitimate total live births	143 (E & W 21)
Neonatal Mortality rate (deaths under 4 weeks per 1000 total live births)	20 (E & W 12)
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	20 (E & W 10)
Perinatal mortality rate (still births and deaths under 1 week per 1000 live and still births)	38 (E & W 22)

Maternal Mortality

Number of Deaths	0
Rate per 1000 total live and still births	0

Deaths

Male	27
Female	28
Total	55

Crude death rate per 1000 estimated population	13.3 (E & W 12.1)
Ratio of locally adjusted death rate to national rate	0.98

Comparability factors

Births	1.15
Deaths	0.89

Causes of Death as shown in the Registrar General's Short List

Short List No.	Cause of Death	Sex	Total All Ages	Under 4 Weeks	4 Weeks & under 1 Year	Age in Years								
						1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 & Over
B19(3)	Malignant Neoplasm, Stomach	M	2	-	-	-	-	-	-	-	-	-	2	-
		F	1	-	-	-	-	-	-	-	-	-	1	-
B19(6)	Malignant Neoplasm, Lung, Bronchus	M	1	-	-	-	-	-	-	-	-	1	-	-
		F	1	-	-	-	-	-	-	-	-	-	1	-
B19(11)	Other Malignant Neoplasms	M	3	-	-	-	-	-	1	-	-	1	1	-
		F	3	-	-	-	-	-	-	-	1	1	1	-
B21	Diabetes Mellitus	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	1	-
B26	Chronic Rheumatic Heart Disease	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	1	-	-	-
B27	Hypertensive Disease	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	1	-	-
B28	Ischaemic Heart Disease	M	10	-	-	-	-	-	-	-	1	3	3	3
		F	7	-	-	-	-	-	-	-	1	1	1	4
B30	Cerebrovascular Disease	M	2	-	-	-	-	-	-	-	-	-	1	1
		F	5	-	-	-	-	-	-	-	-	-	-	5
B32	Pneumonia	M	2	-	-	-	-	-	-	-	-	-	-	2
		F	3	-	-	-	-	-	-	-	-	-	-	3
B33(1)	Bronchitis and Emphysema	M	1	-	-	-	-	-	-	-	-	-	1	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B33(2)	Asthma	M	1	-	-	-	-	-	-	-	-	1	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B34	Peptic Ulcer	M	3	-	-	-	-	-	-	-	-	2	-	1
		F	-	-	-	-	-	-	-	-	-	-	-	-
B46(8)	Other Diseases of Digestive System	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	1	-	-	-
B39	Hyperplasia of Prostate	M	1	-	-	-	-	-	-	-	-	-	1	-
B43	Birth Injury, Difficult Labour, etc.	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	1	-	-	-	-	-	-	-	-	-	-
B45	Symptons and ill defined Conditions	M	1	-	-	-	-	-	-	-	-	-	-	1
		F	3	-	-	-	-	-	-	-	-	-	-	3
	TOTAL ALL CAUSES	M	27	-	-	-	-	-	1	-	1	8	9	8
		F	28	1	-	-	-	-	-	-	4	3	5	15

Causes of Death at ages below 65 years

Lung Cancer	1
Other Cancers	4
Ischaemic Heart Disease	6
Asthma	1
Peptic Ulcer	2
Other digestive diseases	1
Birth Injury	1
Rheumatic Heart Disease	1

Males - 10 Females - 7

Maternal Mortality

Nil

Infectious Diseases notified to the Medical Officer of Health

	1972
Measles	6

Preventive Measures

No change has been made in the programme of personal protection offered to children.

Protection against Measles is quite good, from subjective opinion, without statistics. That against german measles is again poor - very much less than that against tuberculosis. This is understandable for this procedure is unique in that it aims at the protection of an individual neither born nor even conceived so that evidence of benefit is much harder to establish.

Food Hygiene Regulations

The work of regular visiting all food premises has continued.

Nevertheless, though advice is often given, no formal action has been called for during the year.

All premises to which Regulations 16 and 19 apply, comply.

Milk Supplies - Brucella Abortus

Milk sampling is carried out by the County Authority and any positive result communicated to me for action.

No case arose during the year in which action involved the Urban District in which the entire milk supply is pasteurized or sterilized.

Liquid Egg (Pasteurization) Regulations 1963

No such plant operates in the district.

Poultry Inspection

No changes since last year.

Water Supply

No change.

Sewerage and Sewage Disposal

No change.

FACTORIES ACT, 1961

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	1	4	-	-
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	34	39	-	-
(iii) Other premises in which section 7 is enforced by the Local Authority (excluding out - workers' premises)	3	12	-	-
TOTAL	38	55	-	-

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Insp.	by H.M. Insp.	
Want of Cleanliness	2	2	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	3	3	-	-	-
Sanitary Conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	2	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act	-	-	-	-	-
TOTAL	7	7	-	-	-